



Roundtable on Children's Health

CONNECTICUT'S EXPECTATIONS FOR HEALTHY CHILDREN

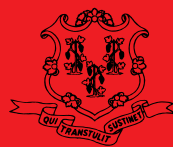
Hosted by:

The Honorable Jack Thompson

The Commission on Children

Office of the Child Advocate

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CONNECTICUT'S EXPECTATIONS FOR HEALTHY CHILDREN

A FORUM AND
CONVERSATION ON
HEALTH ADVOCACY
FOR
CONNECTICUT'S
CHILDREN

THE CHARGE

- *Identify problems and issues impeding well-being for our children.*
- *Identify specific policies and legislative interventions to increase the capacity of the health care system to address unmet needs.*
- *Enhance communications and collaboration among providers to improve care coordination for children and families.*

TABLE OF CONTENTS

ACKNOWLEDGEMENTS

INTRODUCTION: THE PROMISE OF HEALTHY CHILDREN

THE PROBLEM:

- What is needed to ensure the health of Connecticut's children?
- How is Connecticut doing?
- What policy changes would benefit children?

CONNECTICUT ADDRESSES CHILDREN'S HEALTH:

- Access to Health Insurance
- Oral and Dental Health
- Emotional, Behavioral and Mental Health
- Child Care and School Environments
- Home Environments
- Capacity and System Change

LEGISLATIVE INITIATIVES FOR 2001

CONCLUSION

LIST OF PARTICIPANTS

REFERENCES

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contribute to the health and well-being of Connecticut's

Children. We are particularly appreciative to the panelists for their insights, knowledge and contributions to the forum and the development of this paper: Jack Thompson, Connecticut State Representative and host and forum convener; Jeanne Milstein, Office of the Child Advocate; Elaine Zimmerman, Commission on Children; Judith Solomon, Children's Health Council; Dr. Anthony Iton, Stamford Health Department; Amy McLean Salls, Hartford Lead treatment Center; Judith Myers, Child Health and Development Institute; Ann Bonney, Connecticut Association of Mental Health Clinics for Children Philip Guzman, Bridgeport Children's Guidance Clinic; Angela Crowley, Healthy Child Care project; Dr. Paul Dworkin, Connecticut Children's Medical Center; Karen Foley Schain, Children's Trust Fund; Patrick Redding, New Haven Police; JoAnn Freiberg, Anti-Bullying Task Force; Ronald Thomas, Connecticut Cities and Municipalities; Shelley Geballe, Voices for Children; Sharon Williams, Parent Leadership Training Institute; and Jude Carroll, Yale Bush Center.

THE PROMISE OF HEALTHY CHILDREN

Although few would question whether or not we should care for and nurture our children, we have not fully achieved the promise that all of our children are healthy. All children need health and related services to prevent illnesses and injuries. State policy, as a critical piece of the health care system, can help bolster the health of every child in Connecticut.

A January 2001 forum stimulated the demand for attention to children's health care issues in

Connecticut. Its proceedings are summarized in this paper and includes discussion of: a) why children's health care needs are important to the public and to policy makers; b) what is needed to improve the health of our children; c) how well we are doing to assure the best possible health and learning for children; and d) policy changes and specific legislative proposals to highlight what can be done to improve the health of Connecticut's children.

Children need discrete services and attention, as they are not just little adults. Unlike adults:

- Children grow quickly, passing through important developmental phases that will influence their future health and well-being; there are many opportunities for prevention. Targeted services are needed to prevent problems so children can move successfully to the next stage of their development.
- Children's physiology is different from adults and thus, they experience risks, illness and disability in unique ways across various age groups and developmental levels.
- Demographic issues, such as poverty, culture and ethnicity, require special attention to assure that children receive appropriate health care services as needed.
- Children are dependent on adults to address their needs – parents, child care providers, teachers, health care providers and policy makers must be responsible for promoting health, safety and learning so that children can play and grow.



State Representative Jack Thompson,
Host and Convener of Forum

"A Gaelic book, translated Soul Friend, talks about how we can share, listen and speak with our hearts. During these conversations we need to share, listen and speak with our hearts to move forward the health services for Connecticut's children.

THE PROBLEM

What is needed to ensure the health of Connecticut's children?

- Access means having health insurance and the availability of a continuum of services from prevention and early detection of problems to treatment and rehabilitation. It also means parents who have knowledge and information and the skills needed to reach and use appropriate services.
- Quality services are services for prevention, early intervention, treatment and rehabilitation known to make a positive difference in health outcomes and to be those that are specific to the needs of children. Quality care requires coordination and continuity of services that follow the child rather than the agency.
- Cost-effective services means paying for intervention and services known to prevent problems and make a difference in the health status of children. Prevention and early intervention result in substantial short and long-term savings for families and for the State.
- Safe homes and schools are environments free of disease-producing elements and free of aggression and violence.
- A system with a comprehensive framework means providing children and their families assessment, quality treatment and linkages to ancillary services regardless of insurance or income.
- System changes to improve the way children's services are organized delivered and financed -- making the system work better by engaging all stakeholders, especially parents, in the process of designing, implementing and evaluating services for children in prevention, early intervention and treatment.

How is Connecticut doing?

Connecticut has made significant progress in health care programming and early intervention. But, there are remaining and new health problems for Connecticut's children. Many children do not have access to health insurance or to the full array of health and related services they need to stay well. Oral and dental health represents a major problem in this state and across the nation, as children are not getting the preventive services they need. Changes in our society are reflected in the growing identification of problems of aggression and other emotional and

behavioral problems that affect the mental health of our children. Our school and home environments are making asthma and other environment-related health problems worse.

The capacity of the system and its current rate of change are not sufficient to move forward quickly and efficiently to uphold the health of all of Connecticut's children. The good news is that many of these problems can be prevented or their impact reduced through readily available, evidenced-based interventions. Prevention could serve as an efficient vehicle for change and positive health sector outcomes. The discussion that follows provides a framework for improving the health of Connecticut's children and the outlook for its future.

What policy changes are needed to do better?

- Access: improve outreach efforts to ensure coverage in HUSKY A and B for all eligible children; maximize the use of existing service coverage and enhance the continuum of services covered and used; create linkages across systems to enhance access such as health insurance enrollment in schools.
- Quality: increase screening, prevention and early interventions for physical health problems, emotional, behavioral and mental health problems; improve coverage and use of preventive oral health and dental services; improve care coordination.
- Cost-effectiveness: support screening and prevention programs and services to reduce short and long-term costs associated with health problems and unhealthy environments; integrate funding streams; and redistribute resources to increase efficiencies.
- Safe homes and schools: educate teachers, health care providers and parents about how to improve air quality and reduce lead hazards; develop and monitor strategies to improve air quality in schools; provide lead exposure reduction services for families and landlords; reduce the incidence of aggression and bullying in the schools through support and implementation of anti-violence programs.
- System capacity and system changes: implement an educational program and support the use of health consultants in child care settings; identify provider needs and develop programs to train the right number and types of child health care providers; enhance parent involvement in the

development, implementation and evaluation of policies and services to improve child health outcomes.

CONNECTICUT ADDRESSES CHILDREN'S HEALTH

Recognizing that Connecticut needed to assess its promise of healthy children, State Representative Jack Thompson, in collaboration with the Commission on Children and the Office of the Child Advocate, convened a forum of legislators, parents, child advocates, health care professionals, government agencies and community-based stakeholders to identify unresolved issues effecting the health of our State's children and strategies to address them.

THE HEALTH FORUM

The purposes of the forum were to:

- Identify problems and issues impeding well-being for our children;
- Identify specific policies and legislative interventions to increase the capacity of the health care system to address unmet needs; and
- Enhance communication and collaboration among providers to improve care coordination for children and families.

Panelists and meeting participants (see acknowledgements and pages XX) presented information about child health problems at the state, local and national level and described the scope of problems preventing Connecticut's children from achieving optimal health status. They discussed what needed to be done from a policy and programmatic perspective and identified evidence-based, proven interventions. Major issues and recommendations related to the major health problems identified above are issues of access, quality, cost-effectiveness, safe homes and schools and system capacity and change. Highlights from the panelists' presentations include:

ACCESS TO HEALTH INSURANCE

- According to 1999 US Census Bureau data, 84,000 children under 18 in Connecticut did not have health insurance¹ -- the basic tool needed to assure that they get their preventive services such as immunizations, check ups and other needed care.
- From 1993 to 1999, the percent of uninsured children ranged from 9-11 percent, reflecting little progress.² Although recent initiatives are improving these numbers, we have yet to achieve our goal.

Connecticut's Medicaid program, HUSKY A, and the Children's State Health Insurance Program (CHIP), HUSKY B, have enrolled 26,000 additional children since 1998 for a total of 183,786. However, other families have dropped out of the program, meaning that thousands of children lost coverage at the same time children were being enrolled and are not receiving regular well child care. In addition, the long-standing problem of inadequate access to oral health care continues to affect children enrolled in the HUSKY program. There are not enough dental personnel in the program to provide the preventive and treatment services children need.

African-American children are losing coverage at a faster rate and are enrolling at lower rates than other groups of children. In addition, the three regions of the State that include the four largest cities are losing children from coverage at a greater rate than other regions. A survey of children's parents (in Hartford) who left the program found that many parents did not know about eligibility requirements or the need to renew annually. Families are also leaving HUSKY B because they are unable to make required payments.

HEALTH CARE IMPROVEMENTS

To increase and maintain the number of children with access to health insurance through the HUSKY program, a number of interventions and policies are recommended:

- Enhance outreach efforts, especially for African-American and Latino families by working with community organizations, providing assistance with applications, simplifying application procedures, educating parents about eligibility and other

requirements and partnering with schools and other community programs, such as WIC and school lunch, to identify and enroll children;

- Expand coverage for pregnant women and families by raising the income eligibility level from 150 to 300 percent of the federal poverty level;
- Shorten or close the time from the end of employer sponsored insurance coverage to HUSKY B so children do not have to wait six months to be enrolled;
- Increase well-visit screenings and EPSDT (Early and Periodic Screening, Diagnosis and Treatment) to better address federal requirements with the goal of providing comprehensive services and include messages about the importance of preventive health care in enrollment and outreach efforts; and
- Assure oral and dental health service coverage.

PREVENTING PHYSICAL HEALTH PROBLEMS

- Low birth weight babies represent a significant problem in Connecticut-- in 1997 the state ranked 21st in the nation in rates of low birth weight babies, 6 percent worse than 1987.³ As these babies grow, they continue to need additional health care services. Many experience learning problems. Low birth weights can often be prevented and secondary interventions in the early years can improve outcomes.
- Asthma is a growing health concern among children in Connecticut. For example, more than 10 percent of children enrolled in HUSKY are affected by asthma.⁴
- Unhealthy air quality where children spend their time (in school buildings, child care settings and homes) increases the need for asthma and allergy medications, emergency services and costly hospitalizations.

OPPORTUNITIES TO PREVENT ILLNESS

As identified by panelists and participants, there are many missed opportunities for intervening early to prevent physical health problems before they become major, long-term and costly. The State, through the many strategic opportunities identified during the day's discussion, has an opportunity to advance programs and policies that promote health

and decrease the impact of problems on the health of children. For example, by extending insurance coverage to more children and enhancing prevention activities, problems such as those resulting from low-birth weight can be reduced and, in many instances, low birth weight prevented. By implementing policies aimed at improving the air quality in schools, the State can reduce the impact of asthma and allergies on children's health and ability to learn.

EMOTIONAL, BEHAVIORAL AND MENTAL HEALTH

- Approximately 87,500 (14 percent) to 125,000 (20 percent) of Connecticut's children have an emotional or behavioral problem.⁵
- Only half of children with emotional or behavioral disorders are apt to receive any care for their problem.⁶
- The growth of managed care resulted in a 30 percent decrease in mental health services used by children with insurance coverage.⁷
- School suspensions and expulsions are rising; in 1998-1999, 458 offenses were reported in kindergartens and 1,456, for first graders.⁸
- The Office of the Child Advocate reports significant increases in numbers of calls related to emotional, behavioral and mental health problems.

BEHAVIORAL AND MENTAL HEALTH PROBLEMS

There is increasing attention being given to the emotional, behavioral and mental health problems of children. There are many reasons for this including: greater problem identification by schools, parents, pediatric providers and others; better diagnostic skills; and awareness of need for and benefits of earlier intervention to improve long term outcomes for the child and for her/his adult life. The physical, emotional, behavioral and mental health of children and the environments in which they live, go to school and play are interrelated; thus, the emotional, behavioral and mental health issues of children need to be "owned" by everybody who has contact with children in the community.

Safety issues have a strong impact on the health of children. For example, abuse in the home, domestic

violence in the home or bullying by siblings or other children in the community or school can all contribute to low self-esteem, depression and other health and health related illnesses. The need for prevention and improved interventions are necessary to address not only the well-being of children, but also the costly nature of problems that are not prevented. For example, 19 percent of children in the most expensive level of services (hospitals and residential treatment settings) accounted for 70 percent of the HUSKY program's spending on mental health services.

PROMOTING PREVENTION IN CHILDREN'S MENTAL HEALTH

Due to the scope of the problem, the State has a major role to play in promoting prevention programs and improving care and rehabilitation for children who are seriously emotional disturbed. As identified in the State's plan for children's mental health, KidsCare, funding, coordination, filling gaps in the continuum of community-based resources and assuring access to services (through redistribution and refinancing of the delivery system) demand immediate attention.

Specific recommendations include:

- Incorporating emotional, behavioral and mental health assessments into other children's programs such as day care, school health services, etc;
- Mobilizing others in the health care community to participate in the diagnosis, early intervention and treatment of mental health problems;
- Maintaining and (further) developing existing services like EPSDT (as a mechanism for early identification and treatment of problems), family resource centers and community-based programs such as Hartford's Child Serve;
- Developing and implementing programs focused on the prevention and early intervention components of the continuum of care -- such as programs that address bullying and other forms of abuse.

The Blue Ribbon Commission report also contains recommendations related to: parent education and support; modification of benefit packages; carving these services out of HUSKY; building capacity; enhancing coordination; involving families and community stakeholders; training parents and providers; and assessing system performance for accountability.

Healthy Families programs offer an existing resource that could be employed to expand prevention and early intervention activities in preventive mental health services. These programs have been found to be extremely effective in reducing child abuse and improving other aspects of parenting. To assure that all at-risk children have access to the Healthy Children program, the number of participating hospitals needs to increase from 16 programs to 29. Support for family resource centers and other family services could also help parents deal with troublesome behavior and other aspects of parenting in our complex society.

ORAL AND DENTAL HEALTH

- Dental problems, most of which are preventable, are seen in 67 percent of low-income preschoolers on their first dental visit⁹ and 40 percent of second graders had decayed teeth.¹⁰
- Dental problems can result in: pain and discomfort; poor nutrition; loss of school time; surgical interventions; and loss of time from work for parents.

TOOTH DECAY – AN UNNECESSARY CHRONIC DISEASE

Tooth decay is the most common chronic disease in children and can lead to debilitating pain and extensive school and social problems. Concern about this problem and the lack of oral and dental care for children, especially those in Husky, prompted The Connecticut Health Foundation and the Children's Fund of Connecticut to launch a collaborative effort to improve the oral health of Connecticut's Medicaid-eligible children and increase the availability of dental care. Their report is now being reviewed and critiqued by a group of health professionals, community and political leaders assembled by the foundations. Findings to date suggest that the state's dental services for children under the Husky (Medicaid) program are woefully inadequate. Fewer than 30 percent of the Husky-eligible children receive preventive dental services each year and less than 20 percent receive adequate treatment. They have also documented a shortage of dental health professionals and facilities with the ability to care for children.

The children's oral health project reflects a public-private partnership for children's health, an opportunity to work together to address the needs of children. (The \$20 million Children's Fund was created in 1992 when Newington Children's Hospital relocated to the campus of Hartford Hospital. The new Connecticut Health Foundation, which is worth more than \$130 million, was established when the health maintenance organization ConnectiCare was converted from a non-profit to a for-profit HMO.)

SAFE SCHOOL HEALTH ENVIRONMENTS

- Unhealthy air quality is found in 68 percent of Connecticut's schools.¹¹
- In addition to making asthma and allergies worse, poor air quality can cause headaches, eye irritations and other minor ailments that interfere with children's time in the classroom and ability to concentrate and learn.

THE SCHOOL HOUSE IS SOMETIMES UNHEALTHY

The quality of the physical environment in Connecticut schools is in critical condition. A 2000 report by the Connecticut Academy of Science and Engineering (CASE) found that 68 percent of Connecticut schools have indoor environmental problems that can cause poor indoor air quality. Poor indoor air quality has been linked to a variety of health problems, including asthma, headaches, eye, nose, and throat irritation, lethargy, and allergic reactions. The major environmental problems are inappropriate construction sites, inadequate or improperly maintained heating, ventilation, and air conditioning (HVAC) systems, moisture caused by leaky roofs or poor foundations, and inadequate building maintenance.

The Environmental Protection Agency (EPA) has specifically linked poor air quality in schools to increased asthma in school-age children. In Connecticut, one out of 12 school-age children have asthma, a rate called epidemic by some health officials. Additionally, teachers are the leading occupation of work-related asthma in the state and have been for the last five years. Teachers in many Connecticut school districts have been confronting and dealing with the physical and emotional impact of indoor

environmental quality problems for years. They have been frustrated by the lack of a clear path to follow in seeking resolution to these problems.

School teachers speaking at the forum gave examples of the challenges in their schools that are affecting the health and learning of the children they teach:

- In 1995, a senior high school building was completed. Almost from the day students and staff moved in they experienced dry and itchy eyes, rashes, and breathing problems. The school is built on land that was a swamp. Testing has been done for years showing no significant problems but still health problems persist. Teachers have begun to track illnesses on their own because there is no centralized system for doing so.
- In 1997, concerned teachers in one town turned to agencies such as local and state health departments for help in resolving building problems that were affecting their health. They learned that: the only state laws governing local health departments' involvement in schools deal with bathrooms and drinking water; health inspectors can make recommendations on other types of problems, but have no enforcement authority; OSHA industrial standards do not apply to schools; and occupational health programs at the University of Connecticut Health Center and Yale have no regulatory authority.
- In 2000, teachers circulated a questionnaire among staff in one school district to determine the extent of air-quality problems. Based on the responses, they urged the school board to develop procedures to be followed when complaints are made, when results are reported back, and when improved maintenance is needed. The school board is not obligated to have such a plan.

POLICY CAN IMPROVE SCHOOL BUILDING SAFETY

The need for legislation to correct and to maintain indoor environmental quality in Connecticut schools is clear. Policy directions should include:

- A central bank to track all health complaints and asthma cases;
- Air quality and monitoring compliance standards for schools;
- A single agency, with enforcement powers, responsi-

ble for monitoring environmental quality in schools;

- Site assessment criteria established and reviewed before school construction or renovation plans are approved;
- Maintenance plans required for school HVAC systems;
- Training of local health officials and school staff on how to identify and rectify indoor environmental problems;
- State reimbursement or bonding funds available for resolution of school environmental problems; and
- Enforceable guidelines to protect students and staff during renovations that take place during the school year.

Connecticut is frequently cited around the country as a state that has created and implemented high standards for teaching and learning in its schools. High standards for the physical environment in which teaching and learning occurs would add to this reputation.

SAFETY AS A CIVIC PRINCIPLE FOR LEARNING

- Bullying and aggression are common in schools; bullying occurs "sometimes" or "more often" in 9 of 10 elementary schools in the state.¹²
- Aggression creates an unhealthy environment for learning, as children cannot learn when frightened.
- Less than 40 percent of teachers devote 10 or more classroom periods each year to teach violence prevention curricula.¹³

The social environments in Connecticut's schools should allow for children to feel safe so they can take full advantage of the learning environment. Unfortunately, many children are afraid. The most recent Social State of Connecticut report found that 55 percent of parents of children in grades K-12 were worried about "their child picking up attitudes or behaviors that go against their values;" 45 percent, about students "bullying other students." Bullying is a common and potentially harmful form of violence

that occurs in schools and community settings. It has been identified as a precursor to more violent behavior, as children grow older.

The scope of the problem of youth aggression is often underestimated. Police Crime reports and statistics from the State Department of Education suggest that aggressive behavior is a major problem in our schools and communities. For example: 16 percent (25,632) of all arrests in Connecticut involve children 18 years old or younger; crime is not just a problem of older children, almost 11 percent of the children arrested in Connecticut were 12 or younger with 20 percent of these charged with assault; School vandalism is a problem in 74 percent of school districts; suicide remains the fourth leading cause of death among young people in Connecticut and the rate from 1970 to 1998 increased 25 percent.

OUTCOMES FOR SCHOOL AGGRESSION

Outcomes for children exposed to aggressive behavior and bullying may include depression, isolation, fear, poor school attendance and diminished grades. Children experiencing more extreme consequences may respond by irrationally retaliating, as demonstrated by recent school shootings that received much national attention. Early intervention is the best hope for diverting child and youth aggression in our schools and studies show that early identification and intervention can help the bully, the targeted child and other children.

All school activities should be carried out in accordance with the fundamental values of respect, tolerance and safety. Recognizing the importance of this problem, the Governor's Prevention Task Force established a Bullying Task Force to recommend effective school practices and public policy to enhance the safety of our school environments. The Task Force recommended specific programs that have been effective in Connecticut and across the nation. These include: school-wide teams to address aggression and violence; training programs and policies; public education, classroom programs; and programs for individual children and their parents.

HOME ENVIRONMENT

- Lead exposure contributes to developmental disabilities and speech, hearing and behavioral problems.
- Hazardous amounts of lead are found in many older homes especially those in urban areas.
- In 1999, only 24 percent of Connecticut children less than 6 years of age were tested for lead levels.¹⁴
- Of the few children tested, three to four percent had dangerous lead blood levels.¹⁵

LEAD POISONING — A SILENT RISK

Lead poisoning disproportionately impacts low-income families, as the housing stock available to them in their communities more often have significant amounts of lead paint. Children living in poor urban areas are four times more likely than other children in Connecticut to experience lead poisoning (5.3 percent in Hartford, 9.7 percent in New Haven and 11.6 percent in Bridgeport). When children are exposed to lead hazards, they have an increased risk of neurological and behavioral problems that interfere with their ability to learn.

To address this health hazard in children's homes, a multi-faceted approach is needed. Environmental assessments need to be done to determine which homes are hazardous, children need to be evaluated for lead blood levels and parents need to be educated about lead exposure and what they can do to reduce their children's risk. Intervention measures, treatments and lead hazard reduction measures are available and have demonstrated positive outcomes.

OPPORTUNITY THROUGH POLICY

Connecticut has the opportunity to expand Medicaid services to include home environmental assessment and family education through the implementation of the Lead Action for Medicaid Primary Prevention (LAMPP) program. Programs to assist property owners to perform remediation and low-level interventions to reduce lead paint hazards are also needed. In addition, outreach workers from other

health and related programs can be "cross-trained" in lead poisoning prevention and assessment referrals.

CAPACITY AND SYSTEM CHANGES:

- Although Connecticut requires health consultants in child care centers for children under 3 and school health services for children in the schools, it does not have a similar requirement for children ages 3-5 in child care settings.
- Care providers do not have access to health care professionals trained to assist in promoting health and preventing health care problems among 3-5 year olds and to assure screening, monitoring and healthy environments.
- Parents, despite the fact that they are key to getting the right policies and programs for children, often lack the knowledge and civic skills to become involved in influencing the process.

HEALTH AND CHILD CARE NEEDS BRIDGING

If children are to have the best possible health and be better prepared for school, there needs to be a system for assuring that all services, especially preventive services (as they are cost effective in short and long-run) are available to them. Connecticut regulations provide for regular and consistent health consultation for children less than three years of age in care settings and for similar services in schools. One gap is the lack of capacity- people and programs - to provide health consultation to child care centers and homes that care for 3-5 year olds. Given the evidence that many of our young children do not have access to the complete range of services needed for their health and well-being, we need to build the capacity to meet these needs.

We know what is needed—we need to fully address how to do this. In response to the US Maternal Child Health Bureau's attention to these needs, most states – but not Connecticut—are developing an infrastructure for training and supporting child health care consultation. In 1997, School Readiness legislation required that all children have access to a primary care provider and receive EPSDT

services—our ability to reach three- to five-year-olds is limited by the lack of a systematic health approach to these issues.

Health consultants, with an understanding of the unique needs of children, are an essential component of early child care and education programs. Health consultants are nurses, advanced practice nurses, physicians or physicians assistants who regularly visit and are available for consultation to promote the health of children in child care settings. They accomplish this by assuring that children are immunized and that health risks and potential problems are identified early. For example, they can work with child care providers to reduce the spread of colds and intestinal infections among the children in the day care setting. In addition: they assist with helping children and families promote optimal health and prevent problems for children with special health care needs; monitor and help modify the environment to prevent infections and injuries; and assist to link families to community health resources including insurance and providers.

PARENTS AS PARTNERS IN CHILDREN'S HEALTH CARE POLICY

- Parent involvement helps parents improve their schools and communities.
- Parent involvement programs foster increased parental civic knowledge and skills.
- Parents, as the child's best advocate, can foster health-orientated policies in their communities and the State.

The potential of policies, programs and services to improve the health and well being of Connecticut's children is greatly enhanced by the most important stakeholders- the parents. As most parents are deeply concerned about their children's' health and well-being, know their children's needs better than anyone else and are the first and primary teachers of their children, they should be involved in all aspects of program and policy development. Throughout the forum, parent involvement was emphasized for all program and policy efforts. Research confirms that when parents are involved in their children's learning, outcomes and educational institutions are improved. Federal and State policies, such as Head Start regulations and Healthy People 2010, stress the importance of parent involvement. For example, parents are encouraged to actively participate in decisions affecting the health of

their children including assuming leadership roles in their communities.

Unfortunately, many parents lack the civic knowledge and skills they need to actively participate with government agencies and community organizations to improve child health and well-being. Compounding this deficit is the fact that elected officials and community agency leaders do not often know how to bring parents in as partners for policy and program planning. Parent engagement is often rhetorical rather than substantive.

The good news is that there are a number of initiatives in the State and nation that have demonstrated how to effectively teach parents advocacy and improve their decision-making skills. The results of these programs illustrate how parent involvement improves health and educational programs and policies resulting in better outcomes for children. Expansion of the Fatherhood Initiative, the Parent Leadership Training Initiatives and the Family Literacy programs will all contribute to further progress in developing system changes driven by the most important children's stakeholder –

ACCESS TO HEALTH INSURANCE

HUSKY, HB 6432 and SB 1331: "AN ACT PROMOTING ENROLLMENT IN THE HUSKY PLAN, PART A AND PART B" This bill will continue enrollment and access for eligible children and increase EPSDT use. Although progress has been made, the program needs to be expanded to include more families (to 185 percent of poverty), especially those with pregnant women (to 300 percent of poverty). In addition, outreach efforts should be enhanced to enroll harder to reach families. Federal funding will support half of costs for children enrolled in HUSKY and 65 percent, for pregnant women.

PREVENTING PHYSICAL HEALTH PROBLEMS

ASTHMA, SB 1171: "AN ACT CONCERNING ASTHMA ASSESSMENT AND MONITORING" This bill would require asthma assessment for school children and establish a standardized system of monitoring asthma in Connecticut. It would also enhance school ventilation efforts and thus, improve the quality of air in schools

LEGISLATIVE INITIATIVES FOR 2001 AFFECTING CHILDREN'S HEALTH

A number of 2001 legislative initiatives reflect opportunities to improve the health and well-being of the state's children and to ensure healthy and productive future citizens.

ENVIRONMENTAL HEALTH AND MEDICAID CHILDREN, SB 1206: "AN ACT CONCERNING ENVIRONMENTAL HEALTH AND MEDICAID CHILDREN" This bill would direct the Commissioner of Social Services to include environmental assessments in accordance with Federal Medicaid guidelines to assess home environments for lead and institute treatment for children with dangerous lead blood levels. It would codify Medicaid regulations to include home environmental assessments and family education; link families to remediation and other programs to reduce lead hazards; and train outreach workers and others to detect and prevent problems associated with lead paint poisoning and asthma.

ORAL AND DENTAL HEALTH PREVENTION AND CARE, SB 1331: the HUSKY bill (HB 6432 and SB 1331) will increase coverage and encourage the use of oral and dental preventive and restorative services for children enrolled in HUSKY.

EARLY CHILDHOOD CARE AND EDUCATION, HB 6931 (includes SB 199): "AN ACT CONCERNING EDUCATION AND EQUITABLE WAGES FOR EARLY CHILDHOOD EDUCATION PROFESSIONALS" With appropriate funding, Connecticut could provide incentives to recruit and retain qualified early childhood education teachers, avoid a shortage crisis and train new and existing child care providers to improve the quality of care. In addition, this bill would enhance the health of young children by addressing the need for health consultants in early childhood education settings.

EMOTIONAL, BEHAVIORAL AND MENTAL HEALTH

HEALTHY FAMILIES, HB 5935 (incorporates HB 5098): "AN ACT CONCERNING THE HEALTHY FAMILIES PROGRAM" This bill would expand the highly successful Healthy Families programs that have proven to be effective in preventing child abuse and improving child health and safety. Expansion to all birthing hospitals in the state requires support of an additional thirteen sites.

PREVENTION, HB 7013, (Incorporates HB 6748): "AN ACT CONCERNING CRIME PREVENTION AND A STATE PREVENTION COUNCIL" This bill would establish a primary prevention budget and a state prevention council to coordinate and be responsible for identifying programs and expenditures for prevention. Thus, the bill would and create a new, systematic way of doing cost-effective programs to improve child health, safety and learning outcomes aimed at primary and secondary prevention interventions of behavioral antecedents linked to criminal behavior.

CHILDREN'S MENTAL HEALTH, HB 6938: "AN ACT IMPROVING THE DELIVERY OF BEHAVIORAL HEALTH CARE SERVICES TO CHILDREN AND YOUTH BY THE ESTABLISHMENT OF THE KIDCARE SYSTEM" Full funding of this program (\$30 million) is critical to move the 8,000 children now being served by the state from the old institutional approach to care to community based services that, as clearly shown by other states' experiences, improve outcomes and reduce long term costs. In addition, the bill would include more efforts aimed at prevention and early intervention and improve the coordination and continuity of services

SAFE SCHOOL ENVIRONMENTS

QUALITY OF INDOOR ENVIRONMENTS, SB 1265: "AN ACT CONCERNING INDOOR ENVIRONMENTAL QUALITY IN SCHOOLS" This bill would provide funding for schools to improve the quality of the indoor school environment; schools would be required to identify problems in their facilities; and, the bill would create an asthma-tracking program. SB 1171 (described above) will also help to address air quality problems in schools and thus, reduce respiratory and other illnesses associated with poor air quality thereby decreasing the likelihood that illnesses will deter students from learning.

PROMOTING SAFE SCHOOLS, HB 6877: "AN ACT CONCERNING A SAFE LEARNING GRANT PROGRAM" This bill would fund a grant program for schools to reduce student aggression and bullying including after school extracurricular programs and to work with children who have been suspended. \$500,000 allocation is needed to match private funding to enable the State to address this growing problem. HB 7013 (described above) will also help to establish prevention activities that will reduce aggression and other detrimental social behaviors.

HEALTHY HOME ENVIRONMENTS

HEALTHY HOMES, SB 1038: "AN ACT CONCERNING FUNDING FOR LEAD ACTION FOR MEDICAID PRIMARY PREVENTION" Lead poisoning represents a particular risk for poor children in our cities. This bill provides an opportunity to develop and test a program to prevent the neurological and developmental problems associated with lead poisoning. SB 1206 (described above) would also help to promote healthier homes by expanding Medicaid services to include home environmental assessments and family education; linking families to remediation and other programs to reduce lead hazards; and training outreach workers and others to detect and prevent problems associated with lead paint poisoning and asthma.

CAPACITY AND SYSTEMS CHANGE

SCHOOL READINESS, HB 6876: "AN ACT CONCERNING THE SCHOOL READINESS AND EARLY READING SUCCESS GRANT PROGRAMS" Connecticut is a national leader in assuring that children are prepared for school. This bill would maintain funding for the School Readiness and Charts-A-Course programs and restores full funding for the Early Reading Success Institute to maintain the state's leading role in this area. This bill will also make a difference as it will expand the capacity of our state to have children and their families better prepared for the challenges of assuming healthy, safe and learning lives.

CAPACITY BUILDING AND CIVICS EDUCATION, SB 222 (incorporates HB 6151): "AN ACT CREATING A PARENT TRUST FUND" Parent involvement is critical to the well-being of children including their health and education. \$250,000 is required to match a national "Family Support

America" grant. DCF, the Governor's Prevention Partnership and the Commission on Children would use these funds to support local programs and initiatives to engage parents in the civic aspects of their communities on behalf of their children.

ADDITIONAL SYSTEM CAPACITY BUILDING is reflected in HB 6931 (described above), related to improving the quantity and quality of qualified early childhood education teachers and health consultants and, in HB 674 (described above) to establish primary prevention budget and a state prevention council.

OPPORTUNITIES AND RECOMMENDATIONS

Although Connecticut has made significant progress during the last decade in improving the health and well being of its children, challenges remain to fulfill the promise that all of the State's children are healthy, safe and able to grow, learn and develop into adulthood. Access to quality, cost-effective health care and related services is not fully realized. In addition, children are exposed in their schools and homes to physical and social conditions that can impede their healthy development.

This report has identified the major problems that still exist in Connecticut:

- Access to insurance coverage and to preventive and early intervention services;
- Physical health problems such as low birth-weight and asthma;
- Lack of emotional, behavioral and mental health prevention and treatment services;
- Inadequate oral and dental health and health services;
- Unhealthy school and home environments;
- Insufficient numbers and types of people, programs and funds (resource capacity) to meet children's health care needs along the continuum care;
- Ineffective system components including delivery and financing mechanisms
- Limited parental engagement and input into child health policy.

Opportunities have been identified for a variety of evidence-based interventions and capacity building strategies that hold great promise to help meet the expectation for healthy children. The enactment of the proposed legislative initiatives will move the State forward quickly and efficiently to achieve its goals.

HELPFUL INFORMATION FOR CONNECTICUT FAMILIES

PAYING FOR CHILDREN'S HEALTH CARE: CONNECTICUT'S HUSKY PLAN

Connecticut offers a children's health insurance program for free or at affordable premiums, depending on family income.

The HUSKY Plan covers:

- Physician visits and hospital services
- Prescription medicines
- Mental health and substance abuse services
- Skilled nursing facility, home health care, hospice care
- Emergency care
- Eye care and hearing exams
- Dental care; and other health care services

All Connecticut children and teenagers up to age 19 are potentially eligible for HUSKY. For information, call 1-877-CT-HUSKY (1-877-284-8759) or visit www.huskyhealth.com

COMMUNITY HEALTH CENTERS

Community health centers provide exceptional health care to uninsured people as well as those covered by the HUSKY Plan for children, Medicaid, Medicare, WIC and private insurance.

For the nearest community health center, call **1-888-294-2722**.

WIC: Nutrition and Food Support for Families and Children

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), provides coupons for nourishing food. WIC also helps low-income women learn about good nutrition for their families. Pregnant or postpartum women, infants, and children up to age five can be in this program. For information, call **1-800-741-2142**.

EPSDT

Early and Periodic Screening, Diagnosis, and Treatment provides preventive exams for children (to age 21), in good health who are eligible for Medicaid/HUSKY Part A. Screenings include general health, mental health, vision, dental, hearing problems and for lead poisoning.

For information, call the Children's Health Infoline, **1-800-434-7869**.

Advocating for Health Coverage

When a decision is made that denies payment for treatment or care of a child's health or mental health condition, parents can call the State of Connecticut Insurance Department **1-800-203-3447** for help in finding other options.

For children enrolled in HUSKY, call the Children's Health Infoline, **1-800-434-7869**.

HEALTH AND SAFETY TELEPHONE NUMBERS, E-MAIL AND WEBSITES

Emergency

For any emergency call 911

Health

Poison Control Center

1-800-343-2722
www.cchc.edu

March of Dimes

Information on having a healthy baby
1-800-446-9255
www.modimes.org

Department of Public Health

Nutrition Information
860-509-7803

American Cancer Society

1-800-ASC-2345
www.ASC.org

National Cancer Institute

Cancer Information
1-800-422-6237
www.nci.nih.gov

Lead Poisoning

*Lead prevention in the home/**
860-714-4792
203-764-9113
www.aeclp.org
www.epa.gov/lead/nlic.htm

Immunization Information

860-509-7929

Women Infant and Children (WIC) Nutrition Program

If pregnant or with children under five
1-800-741-2142

HUSKY Health Insurance

1-877-284-8759
www.huskyhealth.com

Children Trust Fund

Healthy Families helps new families create a safe and healthy home and with family strengthening
(860) 550-6466

Birth to Three

Concerns about children's developmental delays
1-800-505-7000
www.birthe23.org

**Yale Center for Children with
Special Health Care Needs**
203-737-5462
www.info.med.yale.edu/ycck/kidsinfo

**Connecticut Children's
Medical Center HIV Program for
Children and Families**
860-545-7477
www.ctkidshivlink.org

**The Center for Children with
Special Health Care Needs**
860-545-9230

**The American Academy of Allergy,
Asthma, and Immunology**
Asthma Information
1-800-822-2762

**The Mental Health Association of
Connecticut**
*Information about children's emotional or
behavioral health*
860-529-1970

Safety

Child Abuse
Report suspected child abuse
1-800-842-2288

**Connecticut Center for Prevention of
Child Abuse,**
*Health Families Home Visiting and
family support services*
1-800-CHILDREN
ccpca@wheelerclinic.org
www.wheelerclinic.org

Parents Anonymous
1-909-621-6184

<http://www.parentsanonymous-natl.org>

Connecticut Safe Kids
860-545-9988

**U.S. Consumer Product Safety
Commission**
Washington, D.C. 20207.
*Toll-free hotline to report a toy-related
complaint*
1-800-638-2772.

National Crime Prevention Council
1700 K Street, NW, Second Floor
Washington, DC 20006-3817
202-466-6272
<http://www.weprevent.org>

**National Center on Child Abuse and
Neglect Information**
**U. S. Department of Health & Human
Services**
nccanch@calib.com
<http://www.calib.com/nccanch>

Early Care and Education

**"Watch Me Grow" (or Spanish version
"Mirame Crecer")**
Choosing good, quality child care
860-240-0290- for a free copy

Even Start Family Literacy
State Department of Education
860- 807-2121

Children's Policy and Programs

Connecticut Commission on Children
860-240-0290
www.cga.state.ct.us/coc/

**Department of Social Services
Information on Early Childhood
Services**
1-800-842-1508
www.dss.state.ct.us

Parent Involvement

Parent Leadership Training Institute
*Teaching parents how to become
advocates for children*
860-240-0290
www.cga.state.ct.us/coc/

Office of the Child Advocate
1-800-994-0939

Select Committee on Children
860-240-0370
www.cga.state.ct.us

Parent Support Information
1-800-CHILDREN
www.wheelerclinic.org

Parents as Teachers
Parent education and support programs
860-571-7504

United Way's Infoline
www.infoline.org
*211 Through this number you can get
information about All Child Care and child
health questions including: Programs and
services for children with special needs;
Maternal/Child Health; Immunizations;
Substance Abuse Prevention and Treatment*
www.CTprevention.com

Children's Health Infoline
For medical pediatric referrals
1-800-434-7869

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